

An action research study to improve resident-centred continence care in a multi-purpose service.

Lorraine Dickson

A Professional Doctorate submitted in fulfilment of the requirements for the degree of

DOCTOR OF NURSING

UNIVERSITY OF TECHNOLOGY, SYDNEY


2014

CERTIFICATE OF ORIGINAL AUTHORSHIP

I certify that the work in this thesis has not previously been submitted for a degree nor has it been submitted as part of requirements for a degree except as fully acknowledged within the text.

I also certify that the thesis has been written by me. Any help that I have received in my research work and the preparation of the thesis itself has been acknowledged. In addition, I certify that all information sources and literature used are indicated in the thesis.

Signature of Student:

A handwritten signature in black ink, appearing to read 'Dubson', written in a cursive style.

Date: 3rd June 2014

ACKNOWLEDGEMENTS

When I embarked on this research degree pathway I had feelings of uncertainty and trepidation. After researching different universities I decided on applying for enrolment in a Professional Doctorate because it encourages research which is derived through the identification of an area of practice that requires review. The aim of the Professional Doctorate in Nursing is to generate knowledge which can explain, enrich or improve the practice knowledge. As a believer in lifelong learning and setting myself challenges I decided to apply for enrolment as this pathway would fulfil both these objectives even though I was not sure I could attain this degree level. However, I decided that if I did not try I would never know if I could.

Now, as I head towards the conclusion of this long and arduous research journey it is time for my reflection.

Though challenging, my degree pathway has also been rewarding. It has enabled me to meet and associate with some astonishing and stimulating people. Other nurses within my doctoral group were extremely supportive and encouraging and we forged bonds especially in our early years when we all grappled with the initial degree requirements. This support and mentorship developed into a bond of friendship.

All the staff at my university were extremely helpful, encouraging, nurturing and supportive and I thank them all. My greatest thanks though, are to my supervisors Professor Lynn Chenoweth, Dr Kathleen Milton-Willey and Professor Jane Stein-Parbury. I have been a high maintenance, challenging and frustrating student for these two wonderful women but I thank them for their encouragement, support and patience.

During the course of my doctoral journey I have also overcome many other challenges. These occurred through my need to work as a sole practitioner often travelling long distances to assist clients in a large rural area and in working towards my accreditation as a Nurse Practitioner for Continence. My present managers have also been extremely supporting and I am very grateful for their support.

This research could not have been undertaken without the invaluable support of managers throughout my health district and at the local sites. The willingness of the nurses, care staff and residents to participate, particularly at the principal research site must also be acknowledged. Grateful thanks must be extended to all these marvellous people as, without their support, this research project would not have been possible.

My thanks must also be expressed to my family as they have also been very involved with my parallel doctoral and personal journey. They have been witness to my need to rebuild my life while also coping with my study requirements. Despite the many times when they would have liked me to spend more time with them they have been supportive and they have been direct witnesses to many of the long, difficult and frustrating hours I have devoted to study. I would particularly like to thank my daughter, Janine and my granddaughter Louise who lived with me for many of the years I have been working on this degree. I think Louise only remembers her grandmother studying and working. Although I doubt my parents understand my drive and determination I would like to thank them for their support and know they are proud of my achievements.

To my husband, who married this workaholic during the end stage of the study process, I also thank you greatly. You have accompanied me to many conferences and been on the receiving end of my frustrated rants but you have stuck by me and encouraged me all the way through the journey. Fred, I thank you so very much.

However, despite this invaluable assistance and support from my army of backers, I think my journey to my current position has been achieved through my own determination and persistence. I have not found this journey easy and, despite having a foot located within the academic world, my main nursing focus has remained very clinically focussed. My hope is that my journey may inspire others to work with passion to better themselves through similar persistence and determination to achieve outcomes in whatever they undertake.

I also challenge other health workers to investigate the world of continence care as it is essential that champions and leaders speak for those experiencing this depressing, isolating quality of life issue. Health workers must continue to work towards debunking incorrect myths and beliefs by encouraging proper continence assessments which lead to better individualised treatment and/or management plans.

My greatest thanks go to my current work managers and my academic supervisors Professor Lynn Chenoweth, Dr Kathleen Milton-Wildey and Professor Jane Stein-Parbury.

Extra special thanks are to Fred, Janine and Louise for your personal support.

TABLE OF CONTENTS

Chapter 1 Introduction

1.1 Introduction.....	1
1.2 Management of incontinence in the residential aged care setting.....	3
1.3 Justification for the study.....	6
1.4 Thesis overview.....	7

Chapter 2 Aged care sector structures and policies pertaining to continence care

2.1 Introduction.....	10
2.2 Aged care policy platform.....	10
2.3 The Aged Care Act, 1997.....	12
2.4 Residential aged care service provision.....	14
2.5 Accreditation standard for continence management.....	17
2.6 Conclusion.....	22

Chapter 3 – Literature review

3.1 Introduction.....	24
3.2 Context of the review.....	26
3.3 Literature search strategy	27
3.4 Definitions and types of incontinence	31
3.5 Prevalence of incontinence in older people.....	32
3.6 Financial and social impacts of incontinence.....	35
3.7 Characteristics of people experiencing incontinence.....	37
<i>Case study – community client who reluctantly moved into care</i>	38
<i>Case study - residential care.....</i>	39
3.8 Impact of incontinence for the older person.....	40
3.9 Impact of incontinence in care situations.....	42
3.10 Nurses attitudes towards incontinence.....	44
3.11 Continence care practices in care situations.....	47
3.12 Nurses communication and documentation	

of incontinence.....	54
3.13 Recent developments in quality continence care in Australian care settings.....	56
3.14 Conclusion - key issues that need addressing.....	59

Chapter 4 Methodology

4.1 Introduction.....	63
4.2 Models for improving continence care practices in the residential aged care setting.....	64
4.3 The learning organisation and practice change.....	66
4.4 Enabling practice development in the organisation.....	71
4.5 Using action methods to generate change.....	74
4.6 Action research frameworks.....	76
Experimental action research.....	78
Organisational action research.....	78
Professional action research.....	79
Empowering action research.....	80
4.7 The research process that defines action methods.....	80
4.8 Study aims and objectives.....	82
4.9 Study methods.....	83
4.9.1 Study design.....	83
4.9.2 Study setting.....	84
4.9.3 Study population.....	85
4.9.4 Ethical conduct of the study.....	89
Gaining participant informed consent.....	89
Maintaining participant confidentiality.....	90
Maintaining staff participation.....	91
Maintaining resident safety.....	92
Maintaining research rigour.....	92
4.9.5 Participant selection and recruitment.....	93
Nurses and care attendants.....	93
Aged care residents.....	94
4.9.6 Measurement.....	95

Continence survey.....	95
Continence plans and management practices.....	96
Staff interviews.....	96
Minutes of the action group meetings.....	97
Action group member reflections.....	97
Research field notes.....	97
4.9.7 Data collection, management and analysis.....	98
Continence survey.....	98
Action group minutes and action group reflections..	100
Staff interviews.....	101
Researcher field notes.....	102
4.10 Conclusion.....	103

Chapter 5 Cycle 1 – Planning the research study

5.1 Introduction.....	104
5.2 Observing the context of continence care in local MPS facilities.....	104
5.3 Planning: The study.....	110
5.4 Taking action: To administer and analyse the continence survey.....	111
5.5 Evaluating: The questionnaire findings.....	114
Respondent numbers and grades	114
Age and gender.....	115
Years of employment.....	115
Areas of work.....	116
Work patterns.....	117
Years of nursing practice.....	117
Educational profile.....	118
Continence education.....	121
5.6 Reflecting on the survey findings.....	122
5.6.1 Respondent profiles.....	122
5.6.2 Responses to the continence-specific questions.....	123
Knowledge of incontinence management options...	123

Beliefs about incontinence.....	126
Knowledge about factors associated with incontinence.....	128
Reasons for incontinence in older age.....	131
5.6.3 Applying continence knowledge.....	132
Continence type.....	132
Continence issues.....	132
Other contributing factors.....	133
Management strategies.....	133
5.6.4 Responses to the open-ended questions.....	135
5.6.5 Selection of the action research study site.....	137
5.7 Reflection: On how best to prepare for Cycle 2 of the action research study.....	139
5.8 Conclusion.....	143

Chapter 6 Cycle 2 – Planning the first steps to practice change

6.1 Introduction.....	144
6.2 Observation: Considering continence issues and potential ways forward.....	144
6.3 Planning: Coming to consensus on a plan of action.....	149
6.4 Action: Putting the initial project plans into action.....	153
6.4.1 Focusing attention on the needs of the residents.....	153
6.4.2 Actions taken to improve continence care for individual residents.....	155
“Joan’s” story.....	155
“Frances” story.....	163
“Clarrie’s” story.....	165
“Molly’s” story.....	168
6.4.3 Focusing attention on the need for further continence education.....	169
6.4.4 Focusing attention on the psychosocial needs of the residents.....	172
6. 5 Reflection on Cycle 2 activities and outcomes.....	177

6.5.1 Coming together as an action group.....	177
6.5.2 Improvements in continence care knowledge.....	178
6.5.3 Improvements in continence assessment, treatment and management.....	179
6.5.4 Involvement of change champions in practice change.....	180
6.5.5 Management support.....	181
6.5.6 Study recognition.....	183
6. 6 Summary of Cycle 2.....	183

Chapter 7 Cycle 3 – Reflection and change in practice

7.1 Introduction.....	185
7.2 Observing the group’s development of continence knowledge and practice.....	186
7.2.1 Change champions.....	186
7.2.2 Staff’s increased awareness of continence needs....	187
7.3 Planning change in continence practices.....	187
7.4 Taking action to review staff’s continence attitudes, knowledge and practice.....	191
7.4.1 Survey findings - Staff characteristics.....	192
Age and gender.....	193
Years of employment.....	194
Years after nursing graduation.....	195
Education profile.....	195
7.4.2 Survey findings - staff’s attitudes and knowledge about incontinence in older age.....	198
Knowledge of incontinence management options...	198
Beliefs about incontinence.....	200
Knowledge about incontinence.....	201
Perceptions about the main causes of incontinence in older age.....	204
7.4.3 Survey responses - staff’s application of continence knowledge in practice.....	206

Continence type.....	206
Continence issues.....	206
Other contributing factors.....	207
Continence management strategies.....	208
7.4.4 Survey responses - continence management and education requests.....	209
7.5 Reflection on the project processes, the survey findings and the resident outcomes.....	211
7.5.1 Past continence management practices.....	212
7.5.2 The appropriateness of using action research methods.....	215
7.5.3 Working as a team.....	216
7.5.4 Management support.....	219
7.5.5 Individualised continence care.....	220
7.5.6 Education.....	222
7.5.7 Satisfaction with the achievement of study goals....	223
7.5.8 Difficulties encountered.....	224
7.5.9 Sustained continence practices.....	225
7.6 Further analysis through mapping the study process.....	226
7.7 Follow-up reflection on study outcomes.....	228
7.7.1 Developments at the research site.....	228
“George’s” story.....	229
“Dorothy’s” story.....	230
“Hilary’s” story.....	230
Continuance of “Clarrie’s” story.....	231
7.7.2 Continued continence management discussions with senior staff	232
7.8 Summary.....	234

Chapter 8 - Discussion of study processes and outcomes

8.1 Introduction.....	236
8.2 Situating the research.....	236
8.3 Success factors.....	237

8.3.1 Positive staff attitudes towards practice change.....	237
8.3.2 Leadership and teamwork.....	242
8.3.3 Staff's engagement with knowledge acquisition.....	245
8.3.4 Improved documentation and communication.....	250
8.3.5 Individualising care regimens.....	252
8.3.6 Gaining management support.....	255
8.3.7 Harnessing group member expertise.....	258
8.4 Strengths and limitations of the study.....	262
8.5 Recommendations for further research in the field.....	268
8.6 Chapter summary.....	268

Chapter 9 – Conclusion

9.1 Introduction.....	271
9.2 Recommended nursing practice for continence care of aged care residents	276
9.2.1 Individualise continence assessment	276
9.2.2 Further develop aged care policy.....	277
9.2.3 Promotion of continence education.....	278
9.2.4 Focus on health promotion.....	279
9.3 Conclusion.....	280

GLOSSARY

Acronyms used in the literature review

Residential aged care settings employ a number of variously named staff who provide direct care services, including continence care. The term “nurse” is used in a number of ways in the literature and the status of the position is denoted through the common use of acronyms within this literature review. As nurses are referred to variously in different countries of the world, the terms used in the reported studies remain.

A qualified nurse is one who has successfully achieved an approved program of tertiary level study that is recognized by the nurse register authority of the country or state/territory in which the award was granted. Acronyms used to denote qualified nurses throughout the literature may include:

RN	Registered Nurse
EN	Enrolled Nurse
EEN	Endorsed Enrolled Nurse
NUM	Nurse Unit Manager
DON	Director of Nursing
NP	Nurse Practitioner
APN	Advanced Practice Nurse

An unqualified nurse may have completed an approved program of study which is offered for a much shorter period and at a different level. While not acknowledged by nurse register authorities, the qualification may be approved by the Government and/or the aged care industry. Acronyms used to denote unqualified nurses throughout the literature include:

AIN	Assistant in Nursing
NA	Nurse Assistant/Nurse Aid
CNA	Certified Nurse Assistant
LN	Licensed Nurse (USA)
LPN	Licensed Practical Nurse (USA)
PCA	Personal Care Assistant

The residential aged care sector is variously described in the literature in the following ways:

LTC	Long Term Care
NH	Nursing Home
MPS	Multi-Purpose Service
RAC	Residential Aged Care

The older person receiving care and treatment is generally referred to in the literature as follows:

Patient	Person receiving care and treatment in the acute care sector (hospital), or by a doctor or other health professional in their rooms or clinic
Resident	Person receiving care and treatment in the residential aged care

	sector (nursing home or hostel)
Client	Person receiving care and treatment in the community sector (generally their own home)

Acronyms commonly used for incontinence issues:

UI	Urinary Incontinence
FI	Faecal/Fecal (UK/USA) Incontinence

Other acronyms commonly used throughout the literature:

QoC	Quality of Care
QoL	Quality of Life
QI	Quality indicators
PCC	Person-Centred Care
RCC	Relationship-Centred Care

APPENDICES	283
-------------------------	-----

LIST OF ILLUSTRATIONS

Figure 1:	MPS sites and distances to my work base.....	107
Figure 2:	Age distribution of nurses and care staff.....	115
Figure 3:	Years of employment.....	116
Figure 4:	Areas of work.....	117
Figure 5:	Years of nursing practice.....	118
Figure 6:	Floor plan for Site 1.....	140
Figure 7:	Original Flow chart design.....	188
Figure 8:	Amended flow chart.....	189
Figure 9:	Number of nursing and care staff respondents in both surveys	192
Figure 10:	Survey 2 Age distribution of nurses and assistant nurse respondents.....	194
Figure 11:	Survey 2 Years of nursing practice.....	194
Figure 12:	Survey 2 Summary of nursing graduation years.....	195
Figure 13:	Survey 2 Respondents' educational profile	196
Figure 14:	Survey 2 educational profile (highest qualification level)	197
Figure 15:	Priorities for managing incontinence from both surveys	200
Figure 16:	Reasons for incontinence in older people Survey 1	205
Figure 17:	Reasons for incontinence in older people Survey 2	205
Figure 18:	Continence issues (presented as percentages of the responses)	207
Figure 19:	Contributing factors (presented as percentages of the responses)	208
Figure 20:	Continence management strategies (percentage of responses)	209
Figure 21:	Study journey drawn on an Excel spreadsheet	227

LIST OF TABLES

Table 1:	Population characteristics of each town	108
Table 2:	Employment demographics of each town	109
Table 3:	Survey respondents	112
Table 4:	Cycle 1 monthly activities plan and movement list	113

Table 5:	Survey respondents and nursing grades	114
Table 6:	Educational profile (1)	119
Table 7:	Educational profile (2)	120
Table 8:	Continence education	121
Table 9:	Incontinence management options	125
Table 10:	Priorities for managing incontinence	125
Table 11:	Incontinence beliefs	127
Table 12:	Incontinence knowledge	130
Table 13:	Reasons for incontinence in the older person	131
Table 14:	Respondents and nursing grades from both surveys ..	193
Table 15:	Survey 2 incontinence management options	199
Table 16:	Survey 2 incontinence beliefs	201
Table 17:	Survey 2 incontinence knowledge and attitudes	203
Table 18:	Reasons for incontinence in the older person	204
Table 19:	Comments on incontinence management in practice...	209
Table 20:	Incontinence assessment and management topics for inclusion in education programs	210

LIST OF APPENDICES

Appendix 1	Nursing leadership in continence care.....	283
Appendix 2	ICS Nursing Committee Abstract.....	294
Appendix 3	Agency for Clinical Innovation – Clinician Connect December 2012.....	295
Appendix 4	Abstract – Nursing and Midwifery Conference, Newcastle 2013.....	296
Appendix 5	Poster presentation – Nursing and Midwifery Conference, Newcastle 2013.....	297
Appendix 6	Abstract 22nd National Conference on Incontinence, Perth 2013.....	298
Appendix 7	Podium presentation program for the 22nd National Conference on Incontinence, Perth 2013.....	300
Appendix 8	Nurse continence survey.....	301
Appendix 9	Hunter New England Health - Ethics approval.....	307

Appendix 10	Hunter New England Health – Ethics approval extension.....	308
Appendix 11	University of Technology, Sydney - Ethics approval	309
Appendix 12	Relative or carer information statement.....	310
Appendix 13	Resident/Patient information statement.....	313
Appendix 14	Survey information statement.....	316
Appendix 15	Action research group information statement.....	319
Appendix 16	Resident's interests.....	323
Appendix 17	Volunteer briefing.....	324
Appendix 18	Media release.....	327
Appendix 19	Cycle 2 Monthly activities and movement list.....	328
Appendix 20	Continence newsletter.....	331
Appendix 21	Cycle 3 Monthly activities and movement list.....	332
Appendix 22	Briefing for continence assessment in aged care.....	334
Appendix 23	Expression of interest - continence management clinical lead.....	340
REFERENCE LIST.....		341

ABSTRACT

Background: This study aimed to improve continence assessment, treatment and management in the residential aged care section of a Multi-Purpose Service (MPS) in rural Australia. Given the 70.9% prevalence rates of incontinence occurring in Australian aged care residents, nurses and care staff consider incontinence to be inevitable in older age and fail to consider its significance for the resident. The use of containment devices and regular toileting rounds are therefore, commonplace, and increases resident dependency and cost of care.

Method: Action research was used with nurses and care staff to address continence care practices for older people living in the aged care section of one multi-purpose service (MPS) in rural New South Wales. Following a staff survey to identify the staff's baseline continence attitudes, knowledge and management for older people, the manager and senior staff of the MPS chose to improve continence care practices for their aged care residents. The data generated by the action group over the two year action research study included meeting minutes, memos, staff surveys, staff and manager interviews, resident continence care plans and researcher field notes.

Results: Nurses and care staff became more aware and proactive in developing, implementing and evaluating individualised continence care for their residents. Staff were highly satisfied with helping residents to regain and/or maintain continence. They enthusiastically engaged with further learning on best-practice continence care and supporting each other in maintaining this level of care.

Discussion: Action research enables nurses and care staff to collaborate in practice change, so long as they have the committed support and the encouragement of their managers and sufficient time for the change process. Helping aged care residents to regain, or maintain, continence is achievable when these staff are willing to collaborate to achieve this goal. Individualising continence care for aged care residents can assist with improving their quality of life.

Conclusion: When nurses, care staff and care managers collaborate through action research they are able to produce quality care practices and positive outcomes for older people. In this study the benefits achieved through action research were individualised continence care regimens for aged care residents living in a MPS, and improved resident continence and quality of life, confirming previous research. Health and aged care services can also benefit by instituting targeted education, policies and practice guidelines which teach nurses and care staff how to individualise continence care for older people. Nursing and care staff educators need to encourage continence care improvement for older people through their promotion of non-ageist assumptions of continence ability in older age.